

# PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF United States of America	COURT CASE NUMBER CR 12-10226-DJC
DEFENDANT Tamara Kosta, et al.	TYPE OF PROCESS Preliminary Order of Forfeiture

**SERVE  
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Tamara Kosta

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

5 Hemlock Circle, Middleton, Massachusetts

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Doreen M. Rachal, Assistant U.S. Attorney  
United States Attorney's Office  
John Joseph Moakley United States Courthouse  
1 Courthouse Way, Suite 9200  
Boston, MA 02210

Number of process to be  
served with this Form 285

Number of parties to be  
served in this case

Check for service  
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

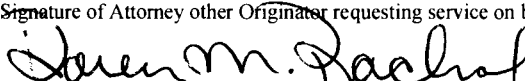
Fold

Fold


Please serve the attached Preliminary Order of Forfeiture upon the above-referenced individual by certified mail, return receipt requested.

CATS ID 12-FBI-006090, et al.,

JLJ x 3297

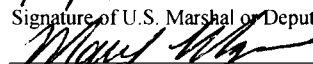
Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (617) 748-3100	DATE 8/4/14
--	---	------------------------------------	----------------

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 38	District to Serve No. 38	Signature of Authorized USMS Deputy or Clerk 	Date 8/12/14
---	---------------	------------------------------	-----------------------------	--	-----------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date 8/19/14 Time <input type="checkbox"/> am <input type="checkbox"/> pm Signature of U.S. Marshal or Deputy 

Service Fee 65-	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
--------------------	---	----------------	---------------	------------------	---

REMARKS:

8/12/14 7011 0110 0001 3668 7237

8/14/14 delivered

18

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED